



3763

PTO/SB/21 (6-98)

†

Please type a plus sign (+) inside this box → ☐Approved for use through 09/30/2000. OMB 0651-0031
Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/846,706
	Filing Date	04/30/01
	First Named Inventor	Thomas C. Kuracina
	Group Art Unit	Unknown
	Examiner Name	Unknown
Total Number of Pages in This Submission	Attorney Docket Number	INJEC-016C1

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Charge Any Additional Fee Required, to Deposit Account No. 19-4330 <input checked="" type="checkbox"/> Amendment/Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69 and Accompanying Petition) <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): Certificate of Mailing; and Return Receipt Postcard.
REMARKS:		

RECEIVED
JAN 11 2002
3700 MAIL ROOM

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual Name	MATTHEW A. NEWBOLES
Signature	
Date	11/02/01

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: 11/02/01			
Typed or printed name	MICHELLE SCHROEDER		
Signature		Date	11/02/01

† SEND TO: Assistant Commissioner for Patents, Washington, D.C. 20231

DOCKET NO.: INJEC-016C1



CERTIFICATE OF MAILING
UNDER 37 CFR 1.8 OR 37 CFR 1.10

- ☒ I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

BOX NON-FEE AMENDMENTS
ASSISTANT COMMISSIONER FOR PATENTS
WASHINGTON, D.C. 20231

- ☐ I hereby certify that this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10, Express Mail No. on the date indicated below and is addressed to:

on November 2, 2001.
(Date)


Signature

MICHELLE SCHROEDER

Typed or printed name of person signing Certificate

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

1. Transmittal Form;
2. Amendment (8 pages);
3. Certificate of Mailing; and
4. Return Receipt Postcard.

RECEIVED
JAN 11 2002
10 3700 MAIL ROOM

Case No.: INJEC-016C1



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): INJECTIMED, INC.

Serial No.: 09/846,706

Filed: 04/30/01

For: NEEDLE TIP GUARD FOR
HYPODERMIC NEEDLES

Group No.: UNKNOWN

Examiner: UNKNOWN

PRELIMINARY A M E N D M E N T

ASSISTANT COMMISSIONER FOR PATENTS
WASHINGTON DC 20231

Dear Sir/Madam:

Prior to the initial examination of the above-identified patent application, please amend the same as follows:

IN THE CLAIMS:

Please delete Claims 1-13, as originally filed, without prejudice in favor of the following new claims:

14. (NEW) A needle protective device for use with an elongate needle having proximal and distal ends and a change in axis formed intermediate said proximal and distal ends, said needle protective device comprising:

T.H.
1-15-02
#5/a
feet.

RECEIVED
JAN 11 2002
TC 3700 MAIL ROOM

a
2/20/01